

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>msj</i>	<i>71435</i>	<i>7/10/10</i>
O.I.P.E. CLASSIFIER			<i>8/24/10</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			<i>10/27/10</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	0
36	✓
37	✓
38	✓
39	0
40	0
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
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Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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